

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
REGULATORY SERVICES BRANCH**

Re: Susan Byrnes  
Registered Sanitarian License No.: 000589  
Certified Food Inspector Certificate No.: 0600

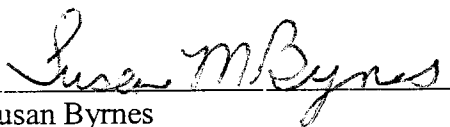
Petition No. 2004-1115-035-006

**VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT**


Susan Byrnes, being duly sworn, deposes and says:

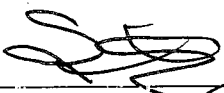
1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice as a registered sanitarian. I presently hold license number 000589. In addition, I am certified by the Department to practice as a certified food inspector. I presently hold certified food inspector certificate number 0600.
4. I hereby voluntarily surrender my license to practice as a registered sanitarian and my certificate to practice as a certified food inspector in the State of Connecticut.
5. I understand and agree that if I seek a new license and/or certificate or to reinstate my license and/or certificate at any time in the future, the allegations contained in Petition Number 2004-1115-035-006 shall be deemed true. I further understand that any such application must be made to the Department which shall have absolute discretion, as to whether said license and/or certificate shall be issued or reinstated and, if so, whether said license and/or certificate shall be subject to conditions.
6. I hereby waive any right to a hearing I may have regarding any request that my license and/or certificate be reinstated or that a new license and/or certificate be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. I understand and agree that this affidavit and the case file in Petition Number 2004-1115-035-006 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I understand that this surrender of my registered sanitarian license and of my certified food inspector certificate is a reportable event and is public information.

9. I understand that this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 2004-1115-035-006.
10. I understand that I have the right to consult with an attorney prior to signing this affidavit.
11. I understand that the execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.
12. I understand that the purpose of this agreement is to resolve the pending matter against my license and is not intended to affect any claim of civil liability that might be brought against me.

  
Susan Byrnes

Subscribed and sworn to before me this 6 day of June 2006.

  
Notary Public  
Commissioner of Superior Court

Accepted:   
Suzanne Blancafort, Section Chief  
Environmental Health Section  
Regulatory Services Branch

6/20/06  
Date

s:ilf/Byrnes/voisur